

Industry Agenda

The Workplace Wellness Alliance

Investing in a Sustainable Workforce

In collaboration with The Boston Consulting Group



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Wellness Alliance**
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Preface



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Over the past three years, the World Economic Forum has successfully worked towards the goal of improving health and well-being through the Workplace Wellness Alliance (the Alliance), a consortium of companies committed to advancing wellness in the workplace. Established in response to a call for action at the World Economic Forum Annual Meeting 2008, the Alliance has continued to grow and evolve in its membership base and relevance. It is the objective of the Alliance to improve global health and productivity by making wellness a priority, starting in the workplace.

This mission is of greater relevance than ever before as the workforce is increasingly coming under threat from ageing and chronic diseases while the need for skilled talent rises as economies grow and mature. As these trends converge, keeping workers healthy becomes ever more critical. Following the UN High-level Meeting on Non-communicable Diseases (NCDs), the private sector as an employer is called upon to promote and create an enabling environment for healthy behaviours among workers, including workplace wellness programmes. Such an environment will help preserve the productivity of older workers and can be a boon to attracting and retaining talent.

For the Annual Meeting 2012, building on the work conducted over the past three years under the leadership of the World Economic Forum in collaboration with The Boston Consulting Group and integrating key inputs from the Alliance's Leadership Board, we have updated our report on the progress the Alliance is making. The update highlights the importance of a collaborative and fact-based approach to workplace wellness to global leaders and executives and helps them set workplace wellness in the broader context of the challenges human capital is facing today.

To make engagement in workplace wellness compelling, sustainable and measurable, the Alliance focuses on establishing the underlying business rationale for investing in health and well-being. It seeks to quantify the link between interventions, metrics that track their results and the return on investment. On an ongoing basis, the Alliance strives to enrich its value by collaborating with key partners. It continues to refine the resources offered to members. The Wellness App, an online return on investment calculator, has established itself as a successful discussion-starter to engage decision-makers on the topic of wellness by demonstrating the financial impact programmes can have. The metrics collection includes data representing almost 2 million employees, allowing companies to track and benchmark their progress on wellness initiatives. To improve their wellness offering, Alliance members can draw upon the ever-growing wealth of knowledge provided in the data repository and learn from their Alliance peers who have shared their best practices.

We firmly believe that a global coalition of employers working together will deliver powerful insights and make workplace wellness part of the solution to the human capital challenges employers are facing today. The Alliance has the potential to become a powerful contributor in this arena. For this reason, we are committed to further developing the Alliance's momentum, increasing relevance, establishing sustainability of practices and seeking a path to closer integration in the workplace wellness space.

Michael B. McCallister

Robert Greenhill

Executive Summary

Keeping employees healthy is a moral and business imperative for employers.

Human capital, one of the main engines of prosperity, is at risk as demand for skilled workers outstrips supply. Demand is rising as economies grow and mature, and significant talent gaps of up to 45 million employees in Western Europe alone are forecast for 2030 (World Economic Forum, 2011). On the supply side, workforces are threatened by ageing and non-communicable diseases (NCDs) – mainly cancer, cardiovascular diseases, chronic pulmonary disease, diabetes and mental ill-health – two trends that form a vicious circle of dwindling workforce capacity and productivity. NCDs are forecast to cost a total of US\$ 47 trillion over the next 20 years (Bloom, et al., 2011). Against this backdrop, preserving the health and productivity of the workforce becomes of paramount importance. Being absent from the job (absenteeism) or underperforming while working (presenteeism) is estimated to cause productivity losses worth US\$ 389 billion due to cardiovascular disease and US\$ 1.6 trillion due to mental health conditions (Bloom, et al., 2011), in a time when baby boomers are retiring and cannot be replaced easily (Strack, Baier, & Zimmermann, 2011). Workplace wellness initiatives can be part of the solution to the challenges the workforce is facing: they help keep workers healthier longer, breaking the link between NCDs and ageing while playing an important role in attracting and retaining talent.

Workplace wellness initiatives can yield significant benefits.

A recent Harvard-led meta-analysis identifies an average return on investment (ROI) of US\$ 3.27 for every dollar spent on wellness programmes (Baicker, Cutler, & Song, 2010). Overall, The Boston Consulting Group (BCG) and Healthways calculated that US companies could save an average of US\$ 700 per employee per year on healthcare costs and productivity gained if they address inactivity, stress and harmful use of alcohol over five years (World Economic Forum, 2010b). Although these savings in healthcare costs are specific to the United States, increase in productivity can be achieved across countries. Workplace wellness programmes can therefore save costs and improve productivity, making them a value-generating investment.

The World Economic Forum Workplace Wellness Alliance galvanizes employee wellness globally.

Employers are uniquely positioned to improve health through the workplace, yet many companies struggle to build a robust business case for investing in workplace wellness, developing impactful initiatives and measuring success. Launched at the World Economic Forum Annual Meeting 2010 as a consortium of companies committed to advancing wellness in the workplace, the Alliance offers a value-based approach to workplace wellness. In particular, it seeks to establish the link between interventions, the metrics that track their outcome and the ROI across countries. The Alliance provides the structure, tools and processes needed to identify pivotal risk factors, design programmes to mitigate them and measure progress. With the metrics collection, Alliance member companies will be able to create and track their own baseline while also benchmarking their status against that of their peers to identify areas for improvement. They can also draw on a wealth of documents describing the design and implementation of successful programmes in the online knowledge-sharing repository. To simulate the impact that workplace wellness initiatives could have, the World Economic Forum has developed a user-friendly online ROI simulation model, the Wellness App. Companies have successfully used this tool to demonstrate the impact that wellness initiatives could have and to engage the key decision-makers in their organization. As one of the few global, data-driven organizations in the overall landscape of workplace wellness platforms, the Alliance fills an important niche.

Now is the time to act to create sustainable workforces.

The three key challenges of talent shortage, ageing and NCDs are intricately connected. For any approach to be successful in breaking this cycle, it needs to be set up holistically and reflect the interdependencies. Workplace wellness can be one key element of the solutions. It can play an important role in attracting and retaining talent and reducing the impact ageing and NCDs have on absenteeism and presenteeism. The understanding of the connections between the human capital challenges could shape the future outlook for the Alliance, with the Alliance potentially growing into a connector of connectors.

Why Workplace Wellness Matters: Building the Business Case

The Business Imperative: Addressing Human Capital Challenges

Human capital, one of the main engines of prosperity, is at risk as demand for skilled workers outstrips supply. The amount of talent needed to sustain economic growth is rising both qualitatively and quantitatively, a trend that is forecast to create significant talent gaps by 2020 and beyond (World Economic Forum, 2011).

Currently, it is hard to imagine talent shortages against the backdrop of the recent financial crisis and recession, which spurred high levels of unemployment. This has perhaps lulled executives into thinking that the shortage of talent is no longer a pressing problem, but this is a false sense of security. The top tier of talent always needs to be nurtured as it is in high demand, even during the worst period of an economic crisis. However, companies should not neglect the other tiers of talent either, as growing scarcity raises their potential value in the long term (Strack, Caye, Teichmann, Hean, Frick, & Bird, 2011).

Uncertainty about the route of recovery from the lingering economic downturn makes exact growth predictions challenging and figures might need to be revisited. Nonetheless, current projections forecast that by 2030, to sustain economic growth, the United States alone will need to add more than 25 million workers to the workforce, and Western Europe will need to add more than 45 million employees (World Economic Forum, 2010a). The demand, especially for well educated talent, will continue to rise. In a study conducted across 25 countries, 13 industries and nine occupational clusters, The Boston Consulting Group (BCG) identified highest demand for well educated professionals. Technicians and managers will be in especially strong demand as megatrends such as globalization, sustainability and industry-specific trends shape the occupational landscape (World Economic Forum, 2011).

Economies that do not face a quantitative lack of young workers often experience a lack of qualification that renders many young people unemployable. For example, due to the uneven quality of educational systems, only 20% of Russian and 25% of Indian professionals are currently perceived as employable by multinational corporations (Hewlett & Rashid, 2010).

Supply, on the other hand, is under threat from two major factors: ageing and non-communicable diseases (NCDs) – mainly cancer, cardiovascular disease, diabetes and chronic respiratory disease. By 2050, most G7 countries and all BRICs except India will be as aged as Japan – the world's most aged society – is today¹. As baby boomers retire, countries such as the United States, Germany, Canada and the United Kingdom will not be able to compensate their workforce losses through immigration and expected birth rates (World Economic Forum, 2010a). In parallel, NCDs are already the leading global cause of death. These diseases are responsible for 63% of annual deaths, including nearly 50% of premature deaths affecting people under the age of 70 in their productive years (World Health Organization, 2010). Over the next 20 years, it is estimated that NCDs, including mental health disorders, will cost US\$ 47 trillion, equivalent to 4% of the annual global GDP (Bloom, et al., 2011).



Increasing demand for talent, ageing and NCDs carry significant implications for employers, impacting both capacity and productivity of their workforces. Rising demand is already leading to an unsustainable competition for talent. Competition for the usual suspects especially in developed markets (young, male, home-country MBAs) is causing an increasingly corrosive dynamic: salaries rise out of proportion with employees' skills, employers overpromise and then have to watch their talent job hop with ever increasing speed as they follow money and opportunities (Strack, Caye, Teichmann, Hean, Frick, & Bird, 2011). An ageing workforce can lead to rising labour costs and a loss of knowledge as workers retire and fewer young people are available to replace them (Strack, Baier, & Zimmermann, 2011). There is also a risk of decreased productivity if capabilities and needs of older workers are not taken into account. Older workers may be less productive in jobs that involve demanding physical work but can, if deployed strategically, be exactly what employers are looking for – experienced, calm and not seeking a long-term career commitment (Strack, Baier, & Zimmermann, 2011).

NCDs limit capacity by causing absenteeism and sometimes premature death, and impact productivity through presenteeism (underperformance on the job) and rising healthcare costs in countries where healthcare is covered by the employer. This can amount to annual costs reaching almost US\$ 70 million for a US company, based on the medical expenditure, lost time and lost productivity NCDs cause². From a cost perspective, cardiovascular disease (CVD) and mental health disorders are the main drivers. These two disease groups account for almost 70% of lost output. In 2010, the global direct (diagnosis, treatment and care) and indirect costs (lost productivity and income) of CVD were approximately US\$ 863 billion and are estimated to rise 22% to US\$ 1,044 billion by 2030; 45% of these costs are attributed to lost productivity (Bloom, et al., 2011). For mental health conditions, the 2010 global costs were approximately US\$ 2.5 trillion, with the costs projected to surge to US\$ 6 trillion by 2030. Looking at productivity lost, mental health disorders are even graver: about two-thirds of the costs caused are indirect (Bloom, et al., 2011). Making matters worse, NCDs deal a double blow in conjunction with ageing as the risk to fall ill rises with age.

¹ BCG analysis of UN 2010 Population Prospects

² Source: World Economic Forum Wellness App, BCG analysis. For underlying assumptions, visit <http://wellness.weforum.org/index>.

Tackling the Problem

Rising demand for human capital is a welcome sign of growing and maturing economies, yet employers need to manage it in a value-generating and sustainable way. To help companies and governments close the talent gap, the World Economic Forum together with BCG has proposed seven responses to the global talent risk: introduce strategic workforce planning; ease migration; foster brain circulation; increase employability; develop a talent “trellis” offering horizontal and vertical career and education paths; encourage temporary and virtual mobility; and extend the pool (World Economic Forum, 2011). To break the corrosive dynamic of an ever increasing competition, a joint report by the European Association for People Management and BCG outlines the elements of a holistic talent management strategy that is grounded in business strategy, treats human capital with the same rigor as capital investment and looks for opportunities throughout the employee's life cycle (Strack, Caye, Teichmann, Hean, Frick, & Bird, 2011). Consisting of six key dimensions. (talent strategy and returns tracking; leadership model; talent sourcing and diversity; talent development acceleration; talent engagement and affiliation; and talent management culture), the strategy is designed to also meet the requirements of a new group of employees who are increasingly expecting their employers to address topics related to well-being and work-life balance, of which workplace wellness initiatives are an important component.

While talent management strategies are important, employers would be well advised to not rely solely on developing or recruiting new talent. Rather, employers should take a close look at their current workforces and understand how to make and keep them as engaged and productive as possible. The challenges of an ageing workforce can be tackled through prudent management approaches. To address the issue of retirement while keeping an older workforce productive, employers could apply strategic workforce planning and seek to mitigate performance risks by addressing medical and physical issues, improving motivation and mental productivity, adjusting shift and time schedules, and offering job changes (Strack, Baier, & Zimmermann, 2011). The structure of an ageing workforce per se cannot be changed quickly; a long-term policy perspective is needed to which employers may contribute, e.g. by making it easier to integrate career and family.

NCDs, however, are preventable both in the current and the future workforce through addressing the four underlying behavioural risk factors: tobacco use, harmful use of alcohol, lack of physical activity and unhealthy diet (World Health Organization, 2010). As mentioned in the previous section, the benefits of tackling NCDs are amplified in an older workforce as the risk of illness increases with age. As recognized by the United Nations (UN), workplace wellness presents an ideal opportunity for employers to take action against NCDs through workplace wellness initiatives. The political declaration issued following the 2011 UN High-level Meeting calls upon employers to promote and create an enabling environment for healthy behaviours among workers, including (among other measures) workplace wellness programmes (United Nations General Assembly, Sixty-sixth session, Agenda item 117, 2011). In addition to improving health and productivity and subsequently making the best of an ageing workforce that is over-proportionally impacted by NCDs, workplace wellness initiatives can be measures to

attract and retain talent. A study conducted with almost 30,000 employees in 15 countries showed that 64% of employees who perceive the organization for which they work as an active promoter of health and wellness intend to stay at least five years with their companies (World Economic Forum, 2010c).



The Return on Wellness

The path towards implementing workplace wellness initiatives may seem relatively straightforward, since chronic diseases including mental health are closely linked to modifiable behavioural risk factors. Health programmes that address these risk factors have proved effective and cost-effective in reducing risks and the overall burden of NCDs and mental health, reporting different ROI ratios. Eighty per cent of CVDs and 40% of cancers can be prevented (World Cancer Research Fund / American Institute for Cancer Research, 2009) by addressing the underlying risk factors (Gaziano, Bitton, Anand, Abrahams-Gessel, & Murphy, 2010).

Changing risk-related behaviour is not an easy task, however. It is crucial to ensure sustainable implementation of effective programmes as well as support adherence and provide incentives for follow-up measures (World Health Organization and World Economic Forum, 2008). Likewise, there are several obstacles to calculating an exact figure for the ROI that workplace wellness programmes can deliver. Programmes vary in the specific objectives of their focus and in the methods of delivery, making comparative studies difficult.

Evaluation methodologies are diverse and sometimes controversial. Many studies attempting to calculate the ROI suffer from either lack of a control group or a bias with regard to participants, size of employers or a strong focus on positive results. Estimates vary as widely as a return of US\$ 1.65 to US\$ 9.70 on every dollar spent. A recent Harvard-led meta-analysis, which reviewed 36 studies for analytical rigour, identifies an average ROI of US\$ 3.27 for every dollar spent on wellness programmes (Baicker, Cutler, & Song, 2010). Robust reviews suggest that while ROI may vary due to different factors ranging from how the

programme is set up to broader cultural and regional context, there is in effect a measurable return for many of the dollars spent globally on wellness programmes.

In the United Kingdom, the National Institute for Health and Clinical Excellence (NICE) estimates that effective management of mental health in a UK-based organization with 100 employees could save £ 250,000 per year (NHS National Institute for Health and Clinical Excellence, 2009). The Boston Consulting Group and Healthways calculated that US companies could save an average of US\$ 700 per year and employee³ in terms of healthcare costs and productivity gained if they would address inactivity, stress and alcohol use over a five-year period. Although the savings in healthcare costs are specific to the United States, productivity increases can be realized across countries. For example, in a model calculation for 10,000 employees, a cost of intervention of US\$ 8 per employee per month would yield an overall ROI potential of 390-755%, depending on location (World Economic Forum, 2010b).

For health and economic reasons, investing in employee health makes sound business sense. Workplace wellness initiatives deliver value on two fronts: they can decrease costs and improve productivity, and also improve health for all, supporting behavioural change in individuals, families and communities.

Mobilizing Global Action

Recognizing the scale of the challenge and the opportunity, as well as understanding the urgent need for action, chief executive officers from 13 corporations⁴ at the World Economic Forum Annual Meeting 2008 called on business leaders to strengthen action on workplace wellness. After background research and the publication of two reports on the topic, the Workplace Wellness Alliance (the Alliance) was created and launched at the World Economic Forum Annual Meeting 2010 with a consortium of companies committed to advancing wellness in the workplace. Since then, the Alliance has been seeking to make wellness a common cause among employers and to enhance their collective capability to engage for better health. To support this goal, the Alliance provides the necessary structure, tools and processes that improve identification of pivotal risk factors and help design programmes to mitigate them as well as measure outcomes in a collaborative approach.

³ The figure was calculated using a comprehensive simulation model developed by Healthways. It proposed an average US company profile that incorporated a comprehensive wellness programme with three sample interventions at a total cost of US\$ 8 per employee per month. It was also assumed that the US employer covers 100% of the healthcare costs. See <http://wellness.weforum.org> for a complete list of conditions and further details.

⁴ ArcelorMittal, Becton Dickinson and Company, BT Group, Discovery Holdings, Eskom, General Mills, Humana, Nestlé, PepsiCo, Pitney Bowes, Pfizer, PwC and Unilever



The Workplace Wellness Alliance

Making Wellness a Priority

Deriving value from workplace wellness promotion raises several questions for employers: What are the sources of healthcare costs and lost productivity in our organization? What return will a particular programme deliver? How can health and well-being be measured in our workforce? When and how should healthy behaviours be supported? How can success be monitored and encouraged?

Answering these questions has proved challenging. Investing in health makes sound economic sense, but it is expensive and requires justification: good intentions alone are insufficient, and particularly so in the context of a possibly sustained economic downturn. Individual companies may be successful in supporting their employees to lead healthier, active lives, but there is little collective wisdom on the best way to encourage behaviours that mitigate risk factors.

In addition, many programmes struggle to establish the link between interventions, metrics that track their results and ROI. This makes it especially hard to engage for small and medium enterprises that may not have the resources to experiment before establishing a successful approach.

To address these challenges, under the leadership of a group of frontrunner companies, the Alliance has continued to champion workplace wellness, expanding its commitment to health and well-being at work, and spearheading a World Economic Forum community of thought leadership in this field. It is the stated aim of the Alliance to improve global health and productivity by making wellness a priority, starting in the workplace. Today, the Alliance has grown to a consortium of over 100 companies committed to advancing wellness in the workplace, currently representing over 4 million direct employees (for a complete list of companies, see Annex A). The stated objectives of the Alliance are listed in Box 1.

As described in detail below, the Alliance provides the structure, tools and processes to identify pivotal risk factors and design programmes to mitigate them. Currently, the Alliance focuses on stimulating knowledge-sharing and developing and promoting the use of standardized metrics, with the goal of achieving a global standard of wellness to enable employers to calculate ROI and to enhance population health and workforce productivity.



The Workplace Wellness Alliance is a consortium of global CEOs dedicated to measuring the link between employee wellness, engagement and productivity. By applying metrics and best practices, the Alliance will enable employees to achieve their full potential while making optimum contributions to their enterprises' growth and success.



Michael B. McCallister
President, Chief Executive Officer and
Chairman, Humana, USA; Champion of the
Workplace Wellness Alliance

Box 1: Objectives of the Alliance

1. To provide a forum for knowledge and sharing of best practices and innovations in workplace wellness through use of online tools
2. To standardize a set of common metrics to help companies compare themselves to their peers
3. To foster knowledge of the economics of workplace wellness, including how to optimize the ROI
4. To leverage the workplace as an entry point for prevention and health at a community level



Tools to Support Engagement in Wellness

Tracking Progress, Sharing Standards and Calculating ROI

Created by workplace wellness frontrunner companies, the Alliance aims to support the engagement of employers from private and public sector companies worldwide in the right level of workplace wellness that fits their situation. The tools, processes and platforms that the Alliance offers are purposefully designed to allow employers at all four stages of involvement in wellness to learn from their peers and to contribute to the improved health and well-being of their employees. See Box 2.

This modular approach to workplace wellness is also reflected in the Alliance's tiered membership structure, allowing employers to choose the level of engagement that best suits them and to build increasing engagement in the future. For more information on Alliance membership, see Annex B.

Getting Engaged: ROI Calculator as a Discussion Starter

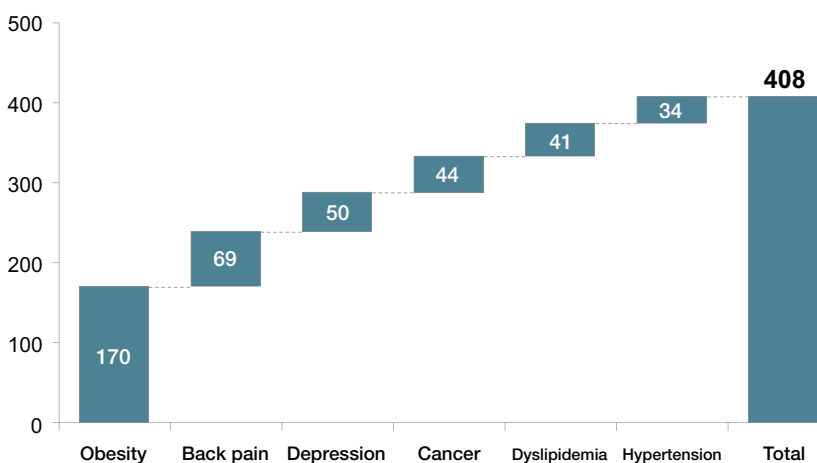
A majority of companies have an intrinsic and natural interest in workplace wellness. Faced with the growing cost of chronic illness, many organizations have responded by incorporating health and well-being initiatives into their employee benefits programmes, making workplace wellness a growing global trend. A recent cross-industry study revealed that 88% of private sector employers with more than 5,000 workers offer wellness initiatives (PriceWaterhouseCoopers, 2011).

Establishing a robust business case to detail impact and ROI is often a key first step to mobilizing decision-makers in organizations to engage in wellness. Since 2009, BCG, building on work previously conducted with Healthways and with its support, has been collaborating with the World Economic Forum to build the business case for improving wellness with the final outcome of the Wellness App. The App is a user-friendly online ROI simulation model (<http://wellness.weforum.org>) to allow Alliance members to simulate the potential impact of their workplace wellness initiatives. Based on a company's demographic profile and related potential risk factors, the Wellness App estimates the costs of current ill-health. It then offers a choice of possible interventions and calculates the savings to be gained by the interventions chosen. Many Alliance members have successfully used this tool as a discussion starter at the CEO level to demonstrate the impact that wellness initiatives can have and to engage the key decision-makers in their organization. For example, a company with 10,000 employees could reduce the costs associated with six chronic diseases by 5.4% over five years by targeting physical inactivity, poor diet and smoking (Figure 1).

Box 2: Stages of Involvement in Wellness

1. **Employers interested in wellness**, willing to pursue a few simple but effective actions
2. **Employers engaged in wellness**, striving to identify and target risk factors more accurately and persuade key decision-makers of the value of adopting a comprehensive programme
3. **Employers that are getting sophisticated about wellness**, busy designing and developing internal activities while also working with external stakeholders
4. **Employers that are integrating wellness** into core business systems, constantly refining and tracking metrics for use in business and strategic decisions, and coordinating their various initiatives, especially with key external stakeholders

Figure 1: Simulation: Five-year cumulative medical and productivity costs due to six chronic conditions (\$M)



Simulation details

Company size: 10,000 employees
 Geographic distribution: 30% United States, 40% Europe, 30% India and China
 Age distribution: 30% 18-34, 30% 35-44, 20% 45-54, 20% 55-64
 Gender distribution: 50% male, 50% female

A wellness programme targeting just three risk factors - physical inactivity, poor diet and smoking - would produce net savings of US\$ 22 million, or 5.4% of the cost associated with these six chronic conditions over five years

Source: World Economic Forum Wellness App.

Getting Sophisticated: Sharing Effective Action and Tracking Progress

A global coalition of companies working together will invariably lead to richer, more powerful insights and maximize the possible impact against chronic disease. The Alliance fosters such collaboration, currently through two work streams: **metrics collection (A)** and the **knowledge-sharing repository (B)**. The global nature of these resources is one key feature that sets the Alliance apart from other wellness efforts, allowing employers to gain insights across regions.

A. Metrics Collection

The Alliance has begun creating a global baseline of employee health metrics. Metrics are a critical measure that allows employers to be active champions of health, facilitating the identification of employee behaviour and the conditions that pose the greatest risk to health and productivity, while building the business case for investing in wellness.

A pilot data collection project was launched in December 2010. An online survey for convenient data collection was deployed for companies that do not have data collection methods such as health risk assessments (HRA) in place and gather similar data. The collected indicators include self-reported data covering risk factors such as tobacco and alcohol use, physical activity, nutrition, mental health and stress, as well as biometric indicators such as height, weight and waist circumference. Employers that conducted HRAs could leverage the data they had already collected by sharing it through an aggregated input form, additionally including information such as human resource data (absenteeism, labour turnover and accident rate), biomedical data and information about existing health programmes. All companies participating in the pilot received a customized report providing blind benchmarking of results as compared to the Alliance member company average. Figure 2 shows a sample output. Analysing the data identified some challenges in metrics and standardization that are currently being addressed by the Alliance working group on metrics, convened with members of the Leadership Board.

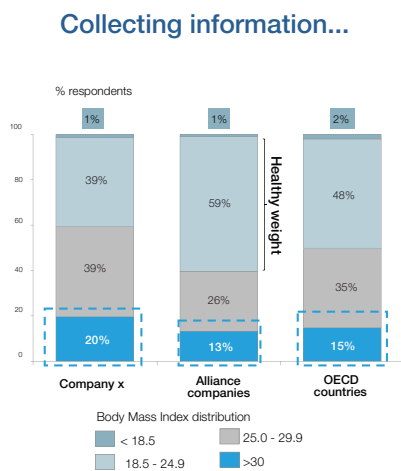
Sharing data on employee health is a sensitive issue and calls for a rigorous balance between any potential risks and the associated benefits. Individual companies can, of course, survey and track their own workforce. However, this practice generates limited insights since it does not allow for benchmarking. The metrics calculated by the Alliance allow companies to create and track their own results against both scientific indicators and a peer average (blind benchmarking). For example, ideally, all employees should eat five servings of fruit and vegetables a day and none of them should smoke. This not being the case, benchmarking against the data average of all Alliance members can frame an individual company's performance, also illustrating the success of their initiatives. Many companies have already understood how the metrics collection helps them access the full potential of their data. To date, the Alliance has collected data from 20 companies, representing almost 2 million employees.

Box 3: The Power of Metrics

One Alliance member company found that although it is offering weight loss support, 20% of employees surveyed were severely overweight (BMI > 30⁵), as compared to a 13% median across all other Alliance members. Interestingly, however, employees of the company in question reported similar exercise habits and fruit and vegetable consumption. In addition, 21% of employees of that particular Alliance member company drink heavily⁶, compared to a median of only 3% in the general sample (see Figure 3). In line with the World Health Organization (WHO) Global Status Report on Alcohol 2010, analysis of the company's metrics for regional variations revealed that heavy drinking was most prevalent in Europe. This allowed the company to explore why some regions are faring better than others. So far, harmful use of alcohol is not yet targeted with specific initiatives by the employer in question. These findings could serve as a concrete starting point for the company to review and expand existing initiatives, drawing on the knowledge repository (see next section).

⁵ <http://www.who.int/dietphysicalactivity/publications/facts/obesity/en/>
⁶ Defined as more than one unit of alcohol per day for females, more than two units per day for males

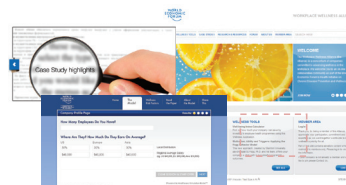
Figure 2: Alliance data collection pilot sample



Aligns & Benchmarks Metrics Globally

...to strengthen wellness

- Helps calculate your return on investment
- Provides tools for tailored programme improvement
- Showcases existing gold standard practices
- Helps tracking progress worldwide



Showcases Best in Class Wellness Programmes

The numbers themselves are a strong testimony of the relevance the Alliance has gained in a short time, and the insights they reveal are powerful. The Alliance provides members with confidential, personalized reports on their performance, identifying strengths and weaknesses, thereby helping them to orient their targets or actions based on the benchmarking against a sample of all Alliance members. See Box 3.

As the Alliance continues to build the global metric baseline, results will become increasingly robust. Already today, data can easily be broken down by region or gender. In the future, it will be important to factor in cultural and geographic differences, to monitor natural fluctuations of indicators such as the Body Mass Index (BMI). Currently, the available data sample still strongly draws on data originating in the United States and, to a lesser extent, Europe. Also, the metrics of the Alliance surveys were defined while initially working with a majority of US-centred companies. As the Alliance expands, however, and an increasing amount of data is collected globally, metrics will be revisited to identify which items are best suited as global performance indicators.

B. The Knowledge-Sharing Repository

The Alliance repository is a database comprised of standardized descriptions, evaluations and outcomes of programmes implemented by Alliance members, providing a platform for collaborative learning and continuous improvement. With access reserved for Alliance members only, the repository contains a wealth of documents describing the design and implementation of successful health and well-being programmes, as well as tools and supporting documents such as employee education materials.

The repository is both a database where innovative employers share best practices and a resource from which members can draw to launch or improve their own programmes. For members looking to take the next step towards workplace wellness integration, the repository can serve to answer key questions: What are the key elements of a successful workplace wellness initiative? Which interventions have proven to work for the region concerned? Which tools would be most useful for our needs? How does our organization implement the programme?

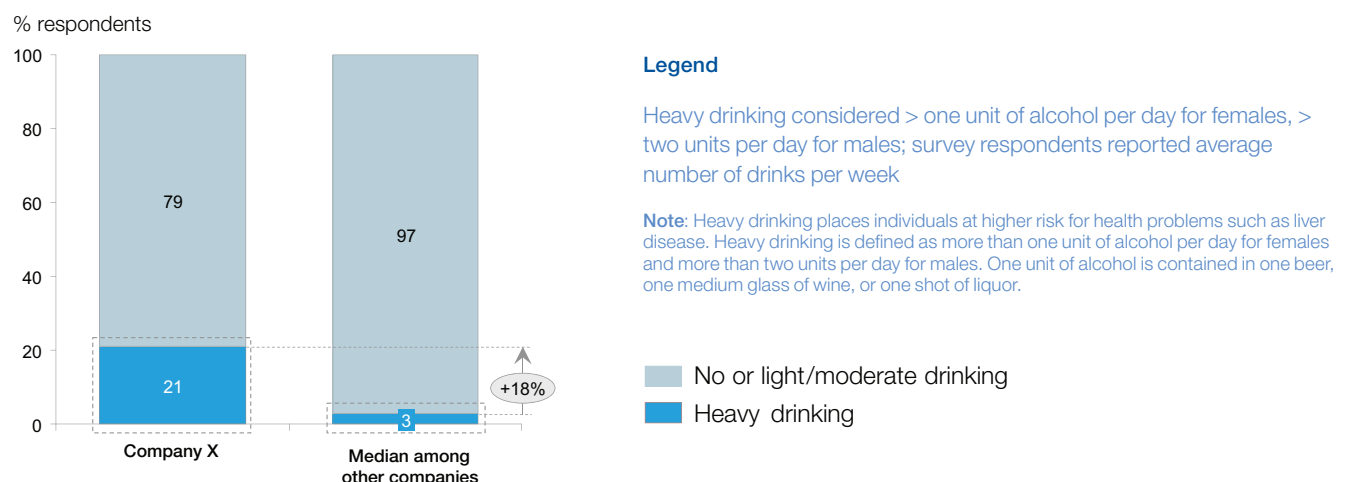
Box 4: Examples of Key Lessons Learned and “Alerts” from the Repository

The **GE Healthcare** “HealthAid Programme” identified leadership engagement to be a key factor driving cultural change. It also revealed that financial investment in health policies (tobacco, nutrition subsidy, fitness subsidy) provided eloquent evidence to employees that their company is serious and supportive of good health practices. With regard to implementing the programme, GE Healthcare identified the need to work with the help of operational teams rather than through Human Resources alone, to secure broad cross-functional support.

Nestlé defined body weight, skin fold measurement and participation numbers as important performance indicators of its “I choose wellness” programme, set up in the Philippines. Within two years of setting a holistic set of behaviours, including physical activity and nutrition, nearly 1,200 members had lost a total of more than 2,000 kilograms of body weight. Nestlé shares the tools and materials of the experience in the repository featuring, for example, the “I choose wellness” passport it introduced to support sustained change and provided details on the setup of the programme.

Figure 3: Employees in the company surveyed report higher alcohol consumption than median among other Alliance members

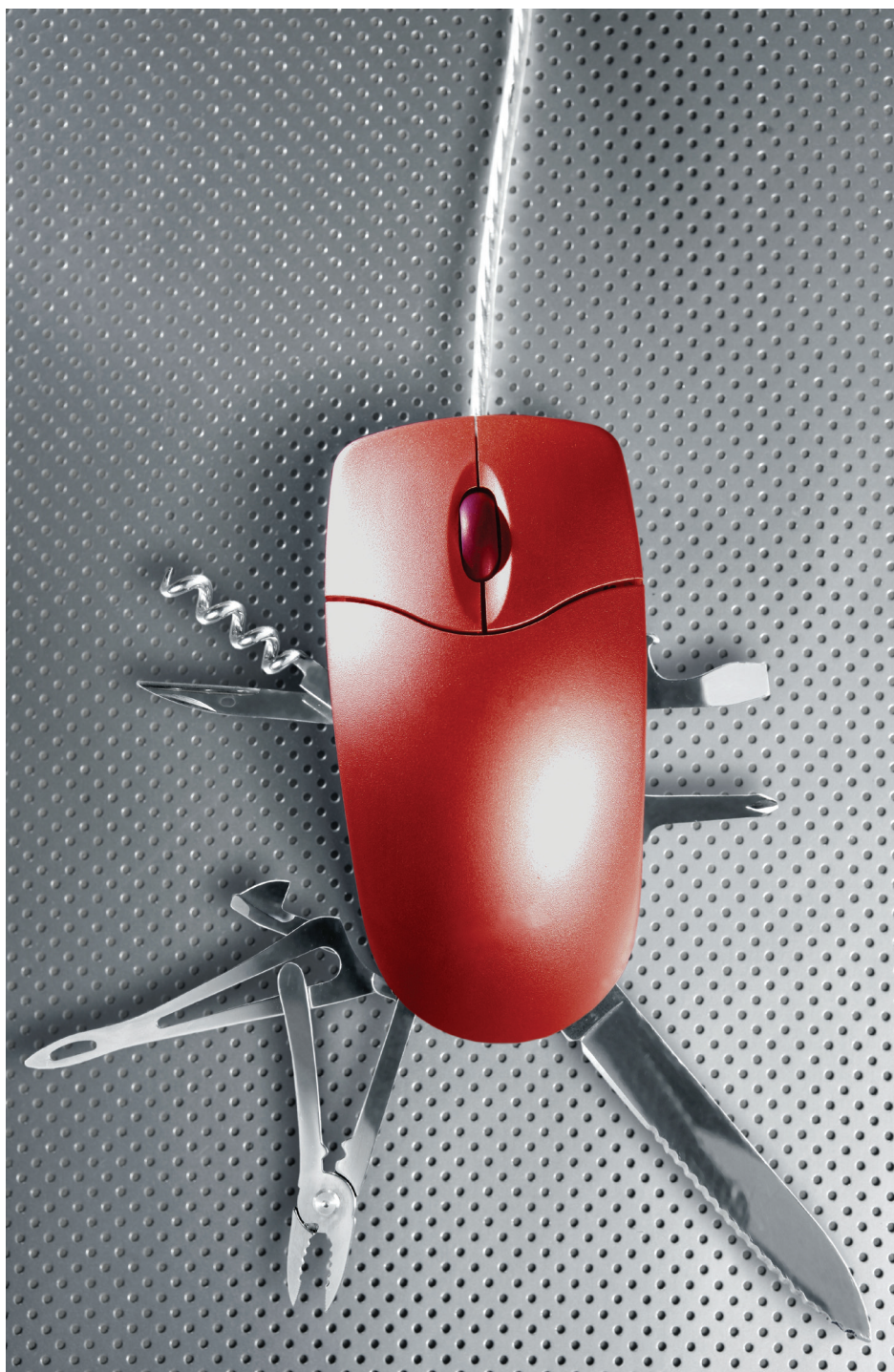
Alcohol consumption for company X vs comparison companies



Source: US Center for Disease Control and Prevention, WHO

For easy search and access, each initiative in the repository is classified according to a concise set of options: company, WHO Healthy Workplaces categories, geography, target behaviours and risk factors, and type of programme. Each initiative or tool set is presented in a concise one-page summary, which also highlights key lessons learned and alerts garnered, from implementing the initiative and points to the key performance indicators (KPIs) used to track success. See Box 4.

A more sophisticated approach to wellness includes enhancing innovative policies and actions. The repository provides examples of online tools and social media applications to foster behavioural change. See Box 5.



Box 5: Examples of Innovative Tools

British Telecom's (BT) "Work Fit" initiative registers over 16,000 employees and includes a website that not only serves as an information and engagement resource for the programme, but also allows members to contact lifestyle advisers and share their story.

In January 2011, **Humana** launched the "Humana fit" interactive platform with a website and accompanying mobile apps that provide a place for people to plan, monitor and share their fitness and nutritional activity. The combination of a website and mobile social network is designed to help its members live healthier and more active lives. With data from pedometer uploads alone, Humana employees have logged an average of 26.6 million steps per day. The open membership (which includes non-Humana employees) of over 27,000 people has logged 4.3 billion steps (2.2 million miles) and burned more than 186 million calories. Membership to Humana fit is free for anyone inside or outside the company (<http://www.humanafit.com>).

Unilever's Lamplighter programme conducts health risk appraisals and combines inputs on nutrition, exercise and mental resilience to track employee health risk factors. Currently, this programme is active in 46 countries across the world. The programme has won commendation for its innovative approach to ensure employee health and well-being. Hindustan Unilever – Unilever's Indian subsidiary – launched its Vitality Initiative in 2006. Under this programme, employees are assigned a biometric grading based on their body mass index (BMI), blood pressure, cholesterol level and sugar fasting. There are three grades: green, indicating excellent health; orange, indicating the need for periodic reviews; and red, indicating the need for both focused attention and periodic reviews. Appropriate interventions are offered to people in the orange or red categories. The results have been encouraging; about 14,000 employees have participated. Over half of the original "red" employees have moved out of the danger zone, while a survey found a widespread boost in morale among participants at all grades.

Towards Global Collaboration in Workplace Wellness

With the clear value proposition of engaging in a collaborative effort to make the impact of workplace wellness measurable on a global scale, the Alliance makes an important contribution to the overall landscape of workplace wellness platforms.

Within this landscape, the Alliance is one of a small group of global players, enabling it to reflect regional characteristics and help build a robust global baseline of workplace health. A comprehensive review conducted by BCG⁷ identified roughly 120 non-profit, academic, network-based, governmental and international organizations engaged in workplace wellness. The landscaping also covered several organizations that are active in occupational health. To some extent, occupational health and safety programmes are the precursor to the workplace wellness movement. However, it is important to highlight that workplace wellness should not replace occupational health and safety initiatives as these are the employer's responsibility and address specific issues complementary to and part of broader workplace health and well-being. In its work, the Alliance focuses on workplace wellness but recognizes the importance of occupational safety and health, e.g. by reflecting accident rates in the metrics collection efforts.

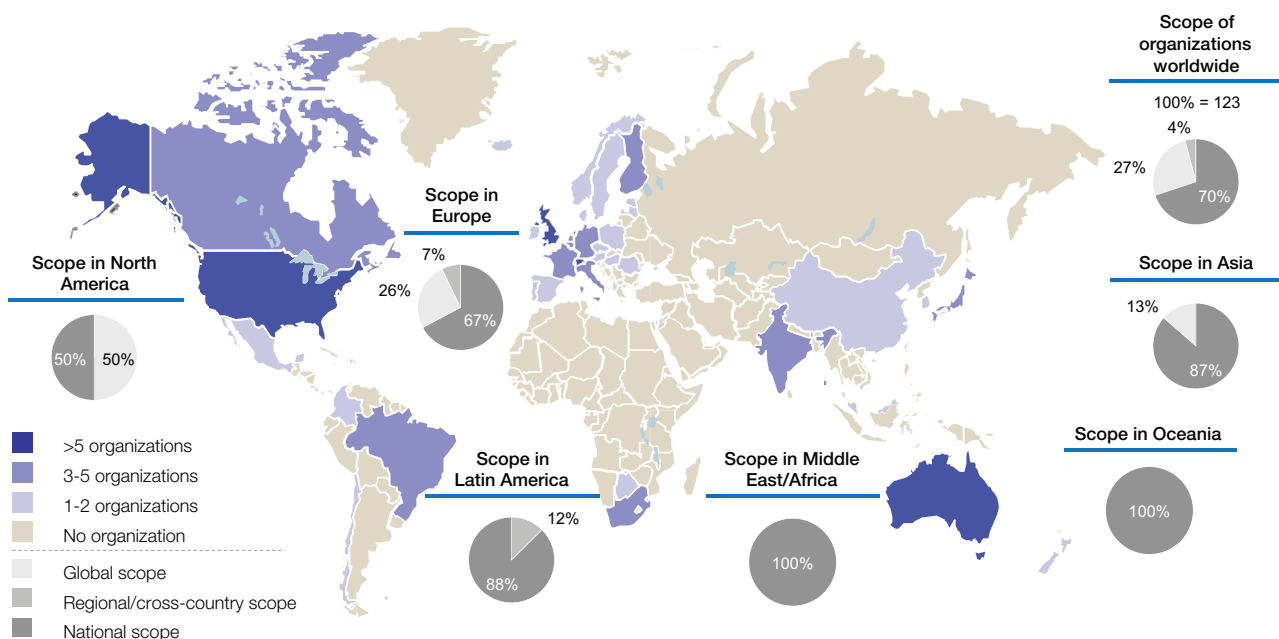
On an international scale, the WHO and the International Labour Organization (ILO) are the two primary global players. In addition to these two and overall, only around a quarter of organizations have a global setup and reach. With a membership base that covers the EU, North

America, Latin America, Africa and Asia, including countries such as the US and Canada, South Africa, Singapore and Mexico and most major European countries, the Alliance is well positioned to contribute a global perspective. See Figure 4.

The global scope of the Alliance makes it an important addition to established local and national organizations. To identify key players, BCG assessed the workplace wellness organizations in the review for the external awareness they created and the strength of their programme. Strength of programme was determined based on the partners organizations engaged and the topics covered. Relevant topics were identified as conducting research, calculating metrics, best practice sharing, providing tools and resources, advocacy, facilitating exchange and bestowing awards. For an overview of the NGO and network organizations assessed, see Annex C. Within the group of network organizations, CSR Europe, The European Network for Health Promotion and the Mexico Wellness Council, with which the Alliance is already collaborating (see Box 6), scored highly. Currently, the Alliance places a high degree of importance on regional development and, as with the Mexico Wellness Council, creates collaborations that ensure membership growth in a manner that is culturally and geographically diverse, increasing global relevance while reflecting regional concerns, challenges and solutions. This approach will make it possible to showcase what is being done in different regions, catalyse cross-fertilization of practices and programmes, gain knowledge from lessons learned and identify transferability of principles and programmes.

⁷ All data in this section is based on BCG analysis of publicly available sources, conducted for the World Economic Forum in December 2011.

Figure 4: Mapping of ~120 organizations active in workplace wellness, most with national scope



Note: 123 organizations considered for this analysis including six major providers.

Source: BCG analysis, 2011



On the NGO side, BITC and the Wellness Council of America exhibited strong programmes (see Box 7). While most strong organizations can be found in the United States or in Europe, some stronger initiatives were also identified in other regions, such as Forum Empresa in Chile. Using corporate social responsibility as a launching pad, they are building their workplace wellness portfolio (see Box 6).

Analysing the workplace wellness landscape for the topics covered, almost 50% of organizations facilitate exchange, roughly 40% are active in advocacy and approximately 30% conduct research. The more data-driven and outcomes-focused topics are covered by a smaller group of often more specialized players; while a quarter of organizations provide their members with tools and resources, 15% of organizations offer best practice sharing, 8% aggregate metrics and 2.5% calculate ROI. One of the organizations that calculate ROI is the Alliance for Wellness ROI (see Box 8). It should be noted, however, that although the figure of organizations active in ROI calculation was analysed based on non-commercial platforms, more commercial offers exist. While especially focusing on a data-driven approach geared towards building the business case for engaging in wellness and supporting employers in gaining traction quickly, the Alliance covers most of the key workplace wellness topics (conducting research, calculating metrics, best practice sharing, providing tools and resources, advocacy, facilitating exchange and bestowing awards) in the survey. Based on this holistic offering, the Alliance could become a starting point for integrating a workplace wellness landscape that is currently still quite fragmented.

With collaboration as a founding principle, the Alliance seeks to build on and integrate with the work other key players in the workplace wellness space are developing. It has introduced the WHO Healthy Workplace Model to catalogue workplace programmes in the physical work environment, personal health resources, enterprise community involvement and psychosocial work environment. See Annex D. Further building on the expertise of WHO, the Alliance is exploring how to align with the WHO STEPs approach as a simple, standardized method for collecting, analysing and disseminating data⁹. A modular approach to data collection would allow the Alliance to meet the needs of companies

that are just starting out in workplace wellness and are more interested in guidance and support, and of experienced companies that are already quite sophisticated and are looking for ways to amplify. On the metrics side, the Alliance is exploring how to cross-fertilize with other platforms such as Business in the Community, which has put forward a sound approach to metrics collection based on the Workwell Model (Business in the Community (BITC), 2011). The Alliance may contribute a more outcomes-oriented perspective (linking interventions, metrics that track their outcome and the return on investment across countries and industries) to these platforms that is constantly refined with expert input.

⁹ <http://www.who.int/chp/steps/en/>

Box 6: Snapshot of Workplace Wellness Network Organizations

The Workplace Wellness and Prevention Council of Mexico (Mexico Wellness Council) unites the private sector to promote and improve employee health by providing companies in Mexico with innovation, best practices and leadership support. Currently with 57 members, representing more than 93,000 direct employees, the Council estimates its potential impact reaches 3.5 million people when considering the cascade effect of their work on the families of the employees of their member companies. For more information, see <http://www.wwcpmexico.com.mx>.

CSR Europe is a European business network with links to EU institutions, founded in 1995 by senior European business leaders in response to a request by the European Commission to build business support for corporate social responsibility (CSR). While focusing broadly on CSR, health and well-being are priority topics for 2011-2013, with a focus on collecting best practices, case studies and innovative technologies and recommendations in the field of health literacy. Members include 70 multinational companies such as AVIVA, BASF, France Telekom and IBM. CSR Europe extends locally through 31 national partner organizations. For more information, see <http://www.csreurope.org/>.

The European Network for Workplace Health Promotion (ENWHP) is an EU-funded network committed to improving practical workplace wellness across Europe since 1996. The secretariat is hosted by the German Association of Company Health Insurers. The network aims to build infrastructure supportive of workplace health promotion across Europe by establishing quality criteria, engaging with small and medium enterprises, and strengthening workplace health for older employees. ENWHP has built national networks promoting workplace health in 24 European countries. Members are national health and safety institutes across Europe. With its activities, ENWHP targets all stakeholders of workplace wellness, i.e. government agencies, companies of all sizes, statutory health insurers, academia and employees themselves, operating through conferences and declarations. For more information, see <http://www.enwhp.org/>.

Forum Empresa is an inter-American network that unites 22 leading organizations in the field of corporate social responsibility (CSR). It covers Latin and North America, with focus on Spanish-speaking countries and its main office in Chile. Forum Empresa supports companies operating in the region to become more commercially successful in ways that demonstrate respect for ethical values, people, communities and the environment. While few projects focus on workplace wellness exclusively, the topic is part of the best practice sharing through events, publications and general collaboration activities in which Forum Empresa engages. The organization has 10 companies as corporate sponsors, including Telefonica, HSBC and Cemex. Members include companies such as Hewlett Packard and Pfizer as well as NGOs, foundations and governmental entities, e.g. UNESCO, UNICEF and the K. W. Kellogg Foundation. For more information, see <http://www.csr360gpn.org/partners/profile/forum-empresa/>.

Box 7: Snapshot of Workplace Wellness NGO Organizations

Business in the Community (BITC) is a business-lead charity supported by H.R.H. Prince Charles, Prince of Wales, aiming to promote responsible business practices in all areas. Initially focusing on corporate social responsibility (CSR), BITC has since broadened its agenda to promote responsible business in general. The workplace wellness approach is driven by the Workwell Campaign. With the Workwell model that details the business benefits of and recommended employer and employee actions for realizing workplace health at its core, it is a strategic approach to workplace wellness, including the collection of standardized metrics. BITC seeks to share good practices and provide practical support and tools to members and outside parties. This is supported with online resources, peer learning programmes and acknowledged through the Workwell Award. Counting major UK-based companies such as P&G, Mars, Marks&Spencer, Santander and RBS among its 850 members, BITC engages 10,700 companies in campaigns globally. For more information, see <http://www.bitc.org.uk/>.

Wellness Council of America (WELCOA) is a national, non-profit organization dedicated to promoting healthier lifestyles for all Americans, especially through worksite health. Organizationally, WELCOA serves as an umbrella with five dedicated senior staff linking communities and coalitions together into a supportive network that includes locally affiliated Wellness Councils, Well City initiatives, Well Workplaces, and individual and corporate members throughout the US. WELCOA developed a detailed seven-step process for building and sustaining a results-oriented worksite wellness programme, which is taught in a four-part webinar training that includes ROI calculation methodology. It publishes and supports publishing on workplace wellness and bestows an award for the best results-oriented worksite wellness programmes among its members. These include all types of stakeholders from government entities to small enterprises. Merrill Lynch, Syngenta, Motorola, University of Iowa, Gallup and IBM are some examples of the larger companies engaged. For more information, see <http://www.welcoa.org/>.

Box 8: The Alliance for Wellness ROI

The Alliance for Wellness ROI is an inter-company cooperative, formed to standardize the terminology and measurement of the return on investment of wellness programmes. It has the goal to promote wellness, demonstrate that wellness expenditure is an investment and its ROI can be objectively measured. For this, the Alliance for Wellness ROI has developed the ROI Modeler, which calculates ROI using comparative healthcare claims, wellness programme participation, normalized claims data and wellness expenditures. Based on 175,000 covered lives, the ROI Modeler includes standard reporting for benchmark comparison. In addition, members can access the database to review data or run queries, including aggregate data of all member companies, or data from selected industry competitors. For more information, see <http://www.roiwellness.org/>.

Moving Forward Together

Employers should act now if they want to keep operating successfully and to create sustainable workforces that can withstand the serious human capital challenges ahead. It must be understood that the three key challenges of talent shortage, ageing and NCDs are intricately interconnected. As economies grow and mature, the demand for talent goes up. However, driven by the same trends of globalization and urbanization and the ensuing shift in lifestyles, supply is dwindling: populations age and their health deteriorates. Older people are more likely to get ill, but chronic disease also severely impacts people in their productive years, causing premature death. The amount of productive workers decreases, the talent crunch becomes ever more severe: a vicious cycle ensues. For any approach to be successful, it needs to be set up holistically and reflect these interdependencies.

Workplace Wellness is one key element in this endeavour. As highlighted in this report, workplace wellness initiatives can bridge talent gaps, ageing and NCDs. They can be important elements in attracting and retaining talent and reducing the impact ageing and NCDs have by reducing absenteeism and presenteeism. Based on its global reach, membership base and robust offerings, the Alliance is ideally positioned to play an important role in this respect.

The understanding of the connections between human capital challenges could shape the future outlook for the Alliance. Leveraging the workplace to connect the topics of talent, ageing and NCDs more closely, the Alliance could embed its mission to improve health through the workplace more broadly and in a value-added way. Building on its

broad, global and cross-industry membership base, the Alliance could help bundle workplace wellness initiatives in a landscape that is currently fragmented. It could provide a collaborative route by which employers in both the private and public sectors can work across human capital challenges towards holistically creating sustainable workforces.

The Alliance will focus on three main pillars of activity moving forward: building further momentum, increasing relevance and establishing sustainability. To further build momentum, the Alliance will continue to expand its membership base through increasing regional representation. Recruiting members from a diverse geographical base, particularly from sectors beyond private industry and small and medium enterprises, will substantially enrich the significance of both metrics and the repository. The Alliance will also continue to seek collaboration with other established players, potentially exploring to broaden its outreach to work with key stakeholders and experts in the realm of talent management and ageing, both within and outside the Forum. In so doing, through its working group on metrics, the Alliance will continue to build and integrate the business case for investing in wellness and increase its robustness.

Ultimately, the Alliance could strive to become a “connector of connectors” by developing a platform of existing players to enable networking, knowledge sharing and the convening of key stakeholders. While exploring this broader scope, the Alliance will continue to evolve towards self-sustainability, driven by a strong cross-industry leadership board set up by the most engaged Alliance members (see Annex A).



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Annex A: Workplace Wellness Alliance Members

(as of January 2012)

Level 1: Charter Signatories

Accenture
Amer Sports
American Express
AON México
Arogya World
Avaya
Avon Cosmetics
Bank of America Merrill Lynch
Baxter
Bayer
Beckton Dickinson
Bienestar Total/Clínica Mayo
BP México
Colgate-Palmolive México
Costco de México
Crossborder Coaching
Eaton Corporation
Empresa Saludable
Familia de compañías de Johnson & Johnson México
Farmaceuticos Maypo FIS
Fortis Healthcare
frog design
Fundación Mexicana del Riñón
GE
General Motors de México
GPC Financial Planners
Herbalife
Hill & Knowlton México
Hola Doctor
Home Access Health Corporation
IBIS Advisors México
Idhea Coaching
Ingenia Nutrición
Interesse
Kaiser Permanente
Kansas City Southern de México
KPMG
Lockton México
Management Center de México
Mc Bride SustainAbility
Médica Móvil
Medik Rama
MetLife
Microsoft
Nextel de México
OpenTec
Parfumerie Versailles
Pfizer México
Procter & Gamble de México
Ralph Wilson
Salomon
Shaklee Corporation
Sodexo Motivation Solutions Mexico
Stendhal

The American School Foundation
Tiffany and Company
Uhma Salud
Universidad Panamericana
Vector
Wilson

Level 2: Core Members

AstraZeneca
Aura Biosciences
BP
Cargill
Cleveland Clinic
Diageo
General Mills
Heineken
Materials Distribution Agency (MDA)
Medtronic
MidMark Corporation
Pfizer
Qiagen
Right Management
SABMiller
Singapore Health Promotion Board
UnitedHealth
US Preventive Medicine
Wellness Corporate Solutions

Level 3: Leadership Board Members

Accretive Health
Aetna
BT Group
Discovery Holdings
Duke University Medical Center
GE Healthcare
Humana
Johnson & Johnson
Kraft Foods
Life Technologies
Merck
Nestlé
Novartis
Novo Nordisk
PepsiCo
Proteus Biomedical
SAS
Sealed Air
Tata Consultancy Services
Technogym
The Boston Consulting Group
The Coca Cola Company
Tupperware Brands
Unilever

Annex B: Membership Information

Alliance Charter

The Workplace Wellness Alliance is a consortium of companies committed to advancing wellness in the workplace. Initially, the Alliance will focus on knowledge-sharing and developing and promoting the use of standardized metrics with the goal of achieving a global standard of wellness to enhance population health and workforce productivity.

Aim

To improve global health and productivity by making wellness a priority, starting in the workplace

Objectives

1. Provide a forum for knowledge and best practice sharing, supporting innovations in workplace wellness through online tools
2. Standardize a set of common metrics to help companies compare themselves to their peers
3. Foster knowledge of the economics of workplace wellness, including how to optimize the return on investment
4. Leverage the workplace as an entry point for prevention and health at a community level

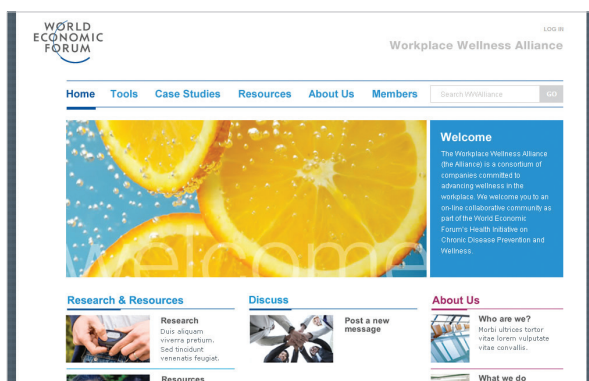
Membership Levels

Companies are welcome to join any of the three membership levels. Please check the box according to your chosen level of engagement:

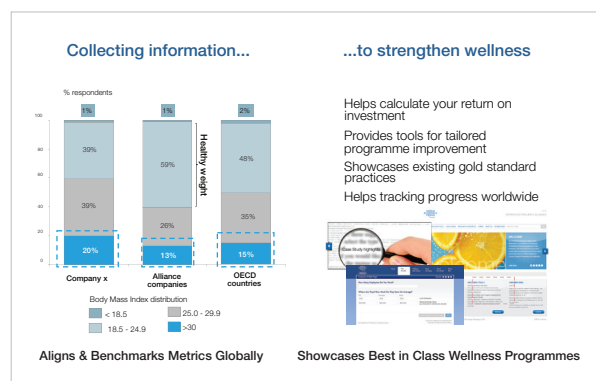
- Level 1: Charter Signatory** Adhere to the values embodied by the Charter and commit to move up at least one level within a year*
-
- Level 2: Core Member** Contribute to one of the options below:
- Metrics collaboration
 - Online repository of workplace wellness programmes
-
- Level 3: Leadership Member** Contribute to both the metrics and online repository and engage in shaping the Alliance offering (only Level 3 members are invited to join the leadership board)

*Within a year of signing the Charter, general members commit to rolling out an employee health survey to capture data for baseline metrics, or to having a plan of action developed/having implemented a workplace wellness programme.

Note: No contribution other than those mentioned, financial or otherwise, is required.



Visit the Alliance web portal for case studies and benchmarking and more information: <http://alliance.weforum.org>



Metrics will generate data analysis including blind identification of trends

We hereby join the Workplace Wellness Alliance at the level indicated above.

Company:

CEO/Board level signatory name:

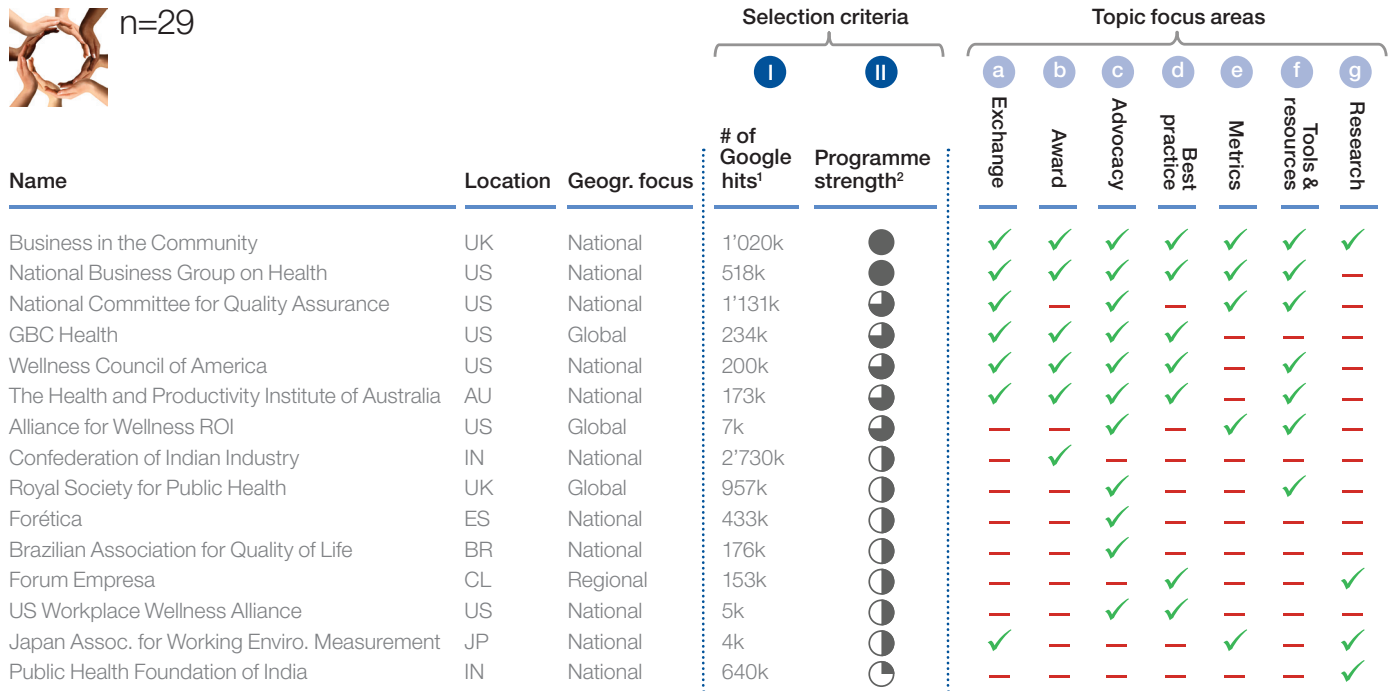
Position:

Date and place:

Contact person for the Alliance within the company, and his/her position:

Annex C: Workplace Wellness Landscaping

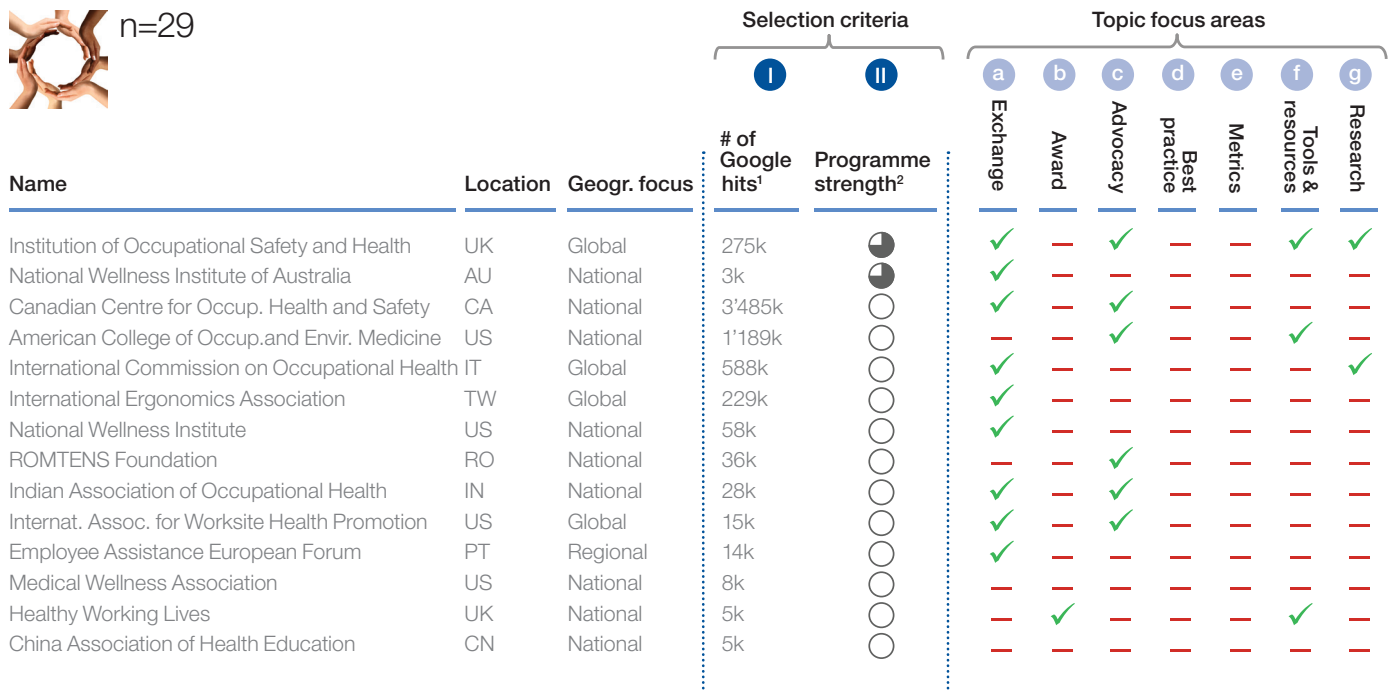
Figure 5:
Assessment of NGO organizations active in workplace wellness



1. Sum of Google search hits of organization name in English and one additional language (in case of non-English original name) or one additional search term such as unmistakable acronym with more than three letters (where applicable). For non-distinct organization names (such as "prevent"), website address used for analysis.
2. Program strength arises from topic coverage and extent of private sector partnering.

Source: BCG analysis


Figure 6:
Assessment of NGO organizations active in workplace wellness



1. Sum of Google search hits of organization name in English and one additional language (in case of non-English original name) or one additional search term such as unmistakable acronym with more than three letters (where applicable). For non-distinct organization names (such as "prevent"), website address used for analysis.
2. Program strength arises from topic coverage and extent of private sector partnering.

Source: BCG analysis

Figure 7:
Assessment of network organizations active in workplace wellness

 n=12

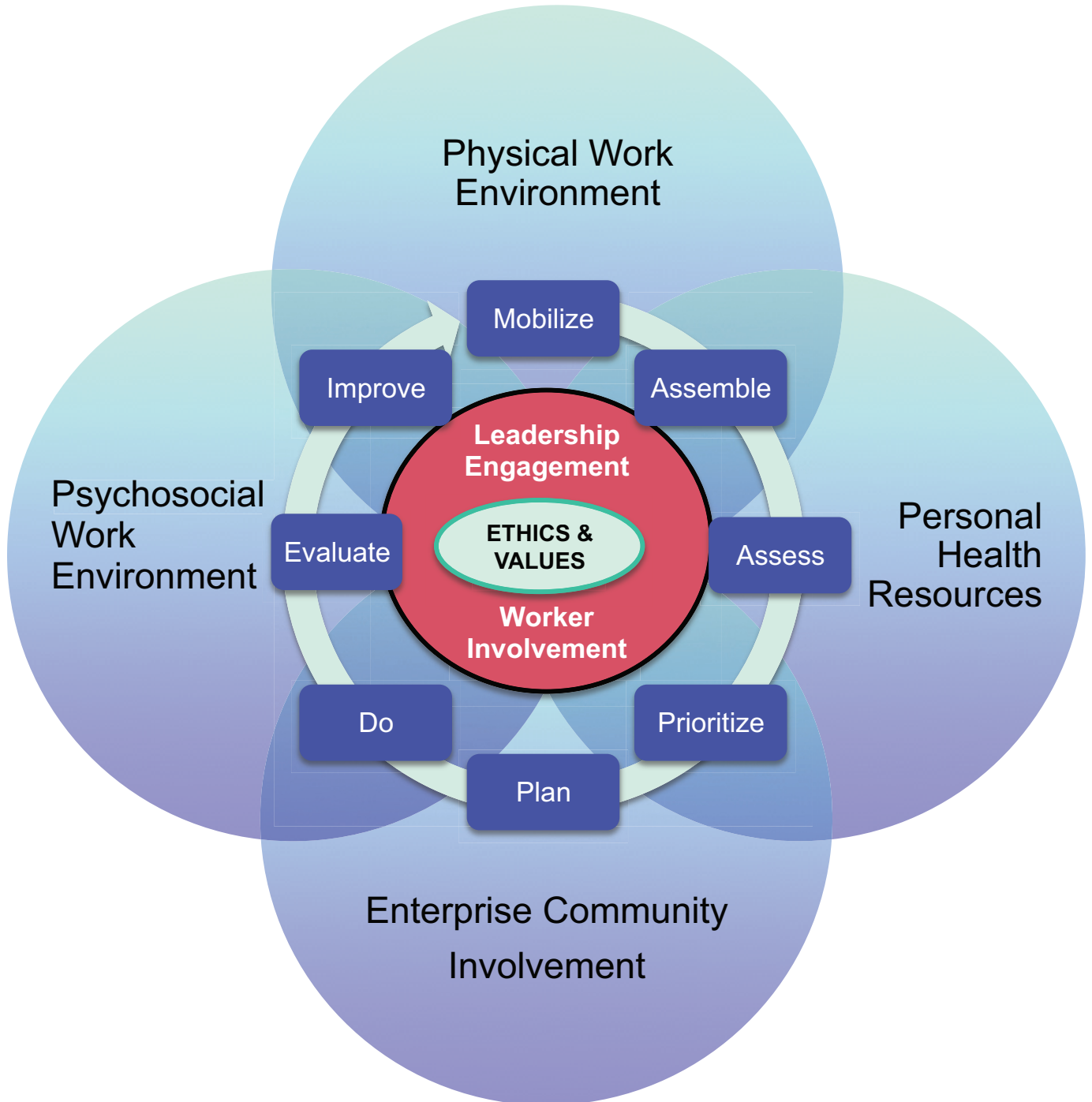
Name	Location	Geogr. focus	Selection criteria		Topic focus areas						
			I # of Google hits ¹	II Programme strength ²	a Exchange	b Award	c Advocacy	d Best practice	e Metrics	f Tools & resources	g Research
Workplace Wellness Council Mexico	MX	National	1k	●	✓	✓	✓	✓	✓	✓	—
CSR Europe	BE	Regional	375k	●	✓	—	—	✓	—	✓	—
Business Network for Social Responsibility	DK	National	4k	●	✓	—	—	—	—	✓	—
Initiative for Health and Work	DE	National	72k	●	—	—	—	—	—	✓	✓
The Danish Healthy Cities Network	DK	National	67k	●	✓	—	—	—	—	—	—
The European Network for Workplace Health Promotion	BE	Regional	43k	●	✓	—	—	✓	—	—	✓
Health, Work and Wellness	CA	National	12k	●	✓	✓	—	—	—	—	—
National Council for the Promotion of Health ANWHP	CL	National	6k	●	—	—	✓	—	—	—	—
International Institute for Health Promotion	AT	National	0.4k	●	✓	✓	—	—	—	—	—
Baltic Sea Network on Occupational Health and Safety	US	Global	1'156k	○	✓	—	—	—	—	—	—
Baltic Sea Network on Occupational Health and Safety	FI	Regional	17k	○	✓	—	—	—	—	✓	—
Healthy Workers Initiative	AU	National	6k	○	—	—	—	—	—	✓	—

1. Sum of Google search hits of organization name in English and one additional language (in case of non-English original name) or one additional search term such as unmistakable acronym with more than three letters (where applicable). For non-distinct organization names (such as "prevent"), website address used for analysis.
2. Program strength arises from topic coverage and extent of private sector partnering.

Source: BCG analysis

Annex D: WHO Healthy Workplace Model

Avenues of Influence, Process and Core Principles



For the full report, see: http://www.who.int/occupational_health/publications/healthy_workplaces_model.pdf
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GE Healthcare	Conor McKechnie
Humana	Thomas Noland, Jacquie Rademacher
Johnson & Johnson	Fikry Isaac
Kraft Foods	Perry Yeatman, Sarah Delea
Life Technologies	Pete Leddy
Merck	Michael Sokol
Nestlé	Gayle Crozier Willi, Cécile Duprez-Naudy
Novartis	Martin Kuster
Novo Nordisk	Martin Kristiansen, Charlotte Ersboll
PepsiCo	George Mensah, Ellen Exum
Pfizer	Chris Gray
Proteus Biomedical	Andrew Thompson, Greg Moon
SAS	Thomas Spiller, Gale Adcock
Sealed Air	Mary Coventry
Tata Consultancy Services	Ritu Anand, Abhinav Kumar
Technogym	Marco Baccanti
The Boston Consulting Group	Jon Kaplan
The Coca Cola Company	Bill Tompkins
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For more information on the Workplace Wellness Alliance, please go to <http://alliance.weforum.org>.



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